others having attacks resembling apoplexy and hemiplegia, and one patient, after apparent complete cure, developed paretic dementia a year later. Several of the others had slight relapses, which were readily amenable to treatment. In one very curious case the patient had multiple vanishing tumors of the scalp, that when excised were found to be due to syphilitic caries of the skull. The treatment consisted exclusively of inunctions of blue mass, potassium iodide by the mouth, and hot air baths. The latter were given at a temperature of about 120°. v. Hösslin calls attention to the great importance of feeding the patients in a state of coma through the esophageal tube. SAILER.

PATHOLOGY.

150 SUR UN CAS DE SOMMEIL PROLONGÉ PENDANT SEPT MOIS PAR TUMEUR DE L'HYPOPHYSE (A Case of Prolonged Sleep, of Seven Months' Duration, Caused by Tumor of the Hypophysis). F. Soca (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 2, March-April, 1900, p. 101).

A case of a woman 18 years old. No hereditary history, no syphilis or alcohol. Following an attack of sudden unconsciousness, symptoms of blindness, headache, and difficulty in walking developed. Vision rapidly disappeared. An ophthalmological examination showed almost no sight; a double optic atrophy, more pronounced on the left side, dilated pupils, not reacting to light; no ocular paralysis. Walking became impossible, and incessant vomiting, cerebral in type, developed. The most striking symptom after this was the tendency to sleep. Sleep seemed natural in every way except in point of duration. She could be roused with difficulty to take nourishment, but would immediately fall asleep again. This condition lasted seven months, during the greater part of which the patient slept. During her stay in the hospital pain and vomiting ceased. Patient died of broncho-pneumonia. Autopsy: The frontal and occipital poles of the brain were easily detached, but the base was held firmly to the skull by a neoplasm, which held the central part of the base of the brain to the dura mater. The tumor covered the sella turcica, situated directly in the tract of the first pair of cranial nerves. The olfactory peduncles were somewhat spread apart; they did not appear changed otherwise. The optic nerves, from the most anterior portion of the optic tract to the commissure, were adherent to the tumor, or rather so much a part of the tumor that they could not be distinguished from it. The tumor further extended posteriorly on both sides, involving the third and fourth pair, but no adhesions were present, and these nerves appeared in no way affected by the mass. The tumor was sarcomatous in type, possibly developing at the expense of the hypophysis. In discussing the clinical aspects of the case, the following general causes of prolonged sleep are considered: 1. Narcolepsy. 2. Hysterical somnolence. 3. Lethargy. 4. Catalepsy. 5. Natural and provoked somnambulism. 6. Coma. 7. Sleep due to various causes. In class seven, the author classified those cases which cannot be included in any of the others, and divided this class into two groups: those with no anatomical basis, and those with one. In the latter division the case described in the article is placed. Some consideration is given to the absence of compression symptoms in the third and fourth nerves and peduncles. The author finds the explanation in what he terms "the logic of multiple compression by a basal tumor." The effectiveness or the inocuousness of the compression depends upon two equally important factors: the push (poussée) of the tumor and the resistance of the nerve. If the push of the tumor is greater, effective pressure follows; if the contrary is the case, the compression is ineffectual because it is inefficient. In this case, owing to the softness of the tumor, due to its semi-liquid state, although developing around the nerve, it was compressed by the nerve instead of compressing it. It is evident that the consistency of the tumor was only one element in this case, as, under more favorable circumstances, mechanically speaking, compression would have followed. The article ends with this general conclusion: the absence of evidence of compression in a structure, if a tumor is suspected from topographical evidence to be present, is not sufficient reason to exclude this diagnosis, which other signs impose upon us. SCHWAB.

151 EIN BEITRAG ZUR KENNTNISS DES MENINGOTYPHUS (A Contribution to the Knowledge of Meningo-typhus). A. Hofmann (Deutsche med. Wochenschrift, No. 28, July 12, 1900, p. 448).

Hofmann reports a case of typhoid fever with convulsions in a man twenty-four years old. Clonic contractions first appeared on the right side, in the face and extremities, and later on the left side, and persisted for six hours until death in deep coma terminated them. Other symptoms indicative of meningitis had been present; these are not rare in typhoid fever, but the severe convulsions in an adult are exceptional. Moderate edema and slight clouding of the pia-arachnoid, moderate increase in the amount of cerebro-spinal fluid in the ventricles, round cell infiltration of the pia-arachnoid and of the pial sheaths of the vessels of the brain substance, and a few typhoid bacilli in the subarachnoid space and pia, were found. Hofmann thinks that his case, with the exception of one reported by Tictine, is the only one in which the early lesions of meningitis were found in association with the typhoid bacillus in the meninges. In the cases in which the typhoid bacillus was found in the meninges the meningitis was purulent, and Hofmann's case also it would probably have become purulent if death had not occurred too soon. Hofmann attributes the nervous symptoms to the toxin produced by the typhoid bacillus. SPILLER.

152 OBSERVATION DE CHORÉE CHRONIQUE HÉRÉDITAIRE D'HUNTINGDON, EXAMEN HISTOLOGIQUE (Observation on Huntingdon's Chorea, with Histological Examination). P. Keraval and G. Raviart (Archiv. de Neurolog. I Vol., ix, 54).

A case of Huntingdon's chorea is reported, with autopsy and a microscopical examination by the Nissl method. The results obtained show alterations of the pyramidal cells and the smaller ganglion cells of the cortex. These alterations consist in a perinuclear protoplasmic rarefaction going on to complete degeneration of the cell body. There is also an interstitial and pericellular infiltration of small round cells with small nuclei and an almost imperceptible amount of protoplasm. These changes were found throughout the cortex, but most marked in the motor convolutions of the right side. The alterations in the cells and the infiltration of the small round cells, which they considered neuroglia cells, are likewise found in the spinal cord and especially in the columns of Clarke. MCCARTHY.